PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 19 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M-52947

1. Corporation Name
Shenfield Incorporated

REINSTATEMENT 01-04

2. Principal Office Address	3. Mailing Office Address
11620 SW 99 Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33176 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 08/10/1992

5. FEI Number 65-0043901 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Sherman, Dan

500033050625
04/19/04--01017--014 **600.00

Street Address (P.O. Box Number is Not Acceptable): 11620 SW 99 Street

500033050625
04/19/04--01017--015 **600.00

Suite, Apt. #, Etc.

City: Miami | State: FL | Zip Code: 33176

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Dan Sherman Date: 4-12-04
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Phillips, Grenville W.	10 Neils Plantation	St. Michael, W. Ind.
D	Sherman, Dan	10477 SW 80 Street	Miami, FL

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Dan Sherman 4-12-04 305-595-1257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #